## Summary of Benefits Report for Tennessee, Medicaid InsureKidsNow.gov

| <b>Preventive Service</b>   | es                                  |                   |  |                                  |  |
|---|-------------------------------------|-------------------|--|----------------------------------|--|
|   | Is the service<br>Covered?          | Frequency         | List any service - specific limitations  |                                  |  |
| Cleanings   | Yes                                 | 1 x 6 months      | D1120 age limitation 13-20, D1110 age limitation 0-12  |                                  |  |
| Fluoride treatments (including fluoride varnishes)                | Yes                                 | 1 x 6 months      | D1206 age limitation 1-20, D1208 age limitation 4-20   |                                  |  |
| Sealants (list any tooth-specific limits)                         | Yes                                 | 1 x lifetime      | Age limitation 5-15, teeth covered 2, 3, 14, 15, 18, 19, 30 & 31   |                                  |  |
| Space maintainers   | Yes                                 | 1 x lifetime      | Age limitation 2-20  | Age limitation 2-20              |  |
| <b>Diagnostic Servic</b>  | es                                  |                   |  |                                  |  |
|   | Is the service<br>Covered?          | Frequency         | List any service - specific limitations  | Recommended age of first visit ? |  |
| Oral health screening or assessment                               | No                                  |                   |  |                                  |  |
| Dental examinations   | Yes                                 | 1 x 6 months      | Age limitation 0-20  |                                  |  |
| Assessment of risk for tooth decay                                | No                                  |                   |  |                                  |  |
| X-Rays  |                                     |                   |  | T                                |  |
| Bitewing  | Yes                                 | 1 x year          | Age limitation 2-20  |                                  |  |
| Full Mouth  | Yes                                 | 1 x every 3 years | Age limitation 6-20  |                                  |  |
| Panoramic   | Yes                                 | 1 x every 3 years | Age limitation 6-20  |                                  |  |
| Treatment Service   | es                                  |                   |  |                                  |  |
|   | Is the service<br>Covered?          | Frequency         | List any service - specific limitations  | Criteria for coverage            |  |
| Anti-microbial<br>treatments that stop<br>decay from<br>spreading | Yes                                 |                   | For interim caries arresting medicament application, D1354 4 per lifetime per tooth; 6 teeth max per day Age limitation 0-20 |                                  |  |
| Fillings  |                                     |                   |  |                                  |  |
| Silver amalgam  | Yes                                 |                   | 1 x every 3 years  |                                  |  |
| Tooth colored composite   | Yes                                 |                   | 1 x every 3 years  |                                  |  |
| Crowns/tooth caps   |                                     |                   |  | ı                                |  |
| Stainless steel crowns  | Yes                                 |                   | 1 x every 3 years; age limitations   |                                  |  |
| Metal (only) crowns   | Yes - only with prior authorization |                   | 1 x every 5 years;<br>Authorization<br>Required;<br>age limitation<br>depending on tooth<br>number                           |                                  |  |
| Metal/porcelain<br>crowns   | Yes - only with prior authorization |                   | 1 x every 5 years;<br>Authorization<br>Required;<br>age limitation<br>depending on tooth<br>number                           |                                  |  |

Page 1 of 3 Data as of: 01/10/2020 Print date: 05/21/2020

## Summary of Benefits Report for Tennessee, Medicaid InsureKidsNow.gov

| Treatment Services                            |                                     |           |  |                       |  |
|---|-------------------------------------|-----------|--|-----------------------|--|
|   | Is the service<br>Covered?          | Frequency | List any service - specific limitations  | Criteria for coverage |  |
| Porcelain (only) crowns                       | Yes - only with prior authorization |           | 1 x every 5 years;<br>Authorization<br>Required;<br>age limitation<br>depending on tooth<br>number |                       |  |
| Root Canals (endodo                           | ntics)                              |           |  |                       |  |
| Root canals on baby teeth (pulpotomies)       | Yes                                 |           | 1 x lifetime   |                       |  |
| Root canals on permanent teeth                | Yes - only with prior authorization |           | 1 x lifetime; age limitation 6-20; Authorization Required  |                       |  |
| Gum (periodontal)<br>therapy                  | Yes - only with prior authorization |           | Authorization<br>Required  |                       |  |
| Dentures                                      |                                     |           |  |                       |  |
| Partial dentures                              | Yes - only with prior authorization |           | 1 x 5 years;<br>Authorization<br>Required; age<br>limitations 8-20                                 |                       |  |
| Complete dentures                             | Yes - only with prior authorization |           | 1 x 5 years;<br>Authorization<br>Required; age<br>limitations 18-20                                |                       |  |
| Bridges                                       | Yes - only with prior authorization |           | 1 x 5 years;<br>Authorization<br>Required; age<br>limitations depending<br>on tooth number         |                       |  |
| Orthodontics*                                 |                                     |           |  |                       |  |
| Retainers<br>(orthodontic)                    | Yes - only with prior authorization |           | Authorization<br>Required; age<br>limitation 12-20   |                       |  |
| Braces  | Yes - only with prior authorization |           | Authorization<br>Required; age<br>limitations 6-20   |                       |  |
| Oral surgery                                  |                                     |           |  |                       |  |
| Simple extractions                            | Yes                                 |           |  |                       |  |
| Surgical extractions                          | Yes - only with prior authorization |           | Authorization<br>Required; age<br>limitations 6-20   |                       |  |
| Care of abscesses                             | Yes                                 |           |  |                       |  |
| Cleft palate treatment                        | Yes                                 |           |  |                       |  |
| Cancer treatment                              | Yes                                 |           |  |                       |  |
| Treatment of fractures                        | Yes                                 |           |  |                       |  |
| Biopsies                                      | Yes                                 |           |  |                       |  |
| Treatment of jaw joint problems (TMJ)         | Yes                                 |           |  |                       |  |
| Emergency room services provided by a dentist | Yes                                 |           |  |                       |  |
| Inpatient Hospital<br>Services                | Yes - only with prior authorization |           |  |                       |  |
| Anesthesia                                    |                                     |           |  |                       |  |

## Summary of Benefits Report for Tennessee, Medicaid InsureKidsNow.gov

| Treatment Services                 |                                     |           |   |                       |  |  |  |
|------------------------------------|-------------------------------------|-----------|---|-----------------------|--|--|--|
|                                    | Is the service<br>Covered?          | Frequency | List any service - specific limitations | Criteria for coverage |  |  |  |
| General anesthesia                 | Yes - only with prior authorization |           |   |                       |  |  |  |
| Intravenous conscious sedation     | Yes - only with prior authorization |           |   |                       |  |  |  |
| Non-intravenous conscious sedation | Yes - only with prior authorization |           |   |                       |  |  |  |
| Analgesia (nitrous oxide)          | Yes                                 |           |   |                       |  |  |  |

Page 3 of 3 Data as of: 01/10/2020 Print date: 05/21/2020

<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).